

SERFF Tracking Number: IASL-127981006 State: Arkansas
Filing Company: Shenandoah Life Insurance Company State Tracking Number:
Company Tracking Number: SH MP RPT AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Shenandoah Life Insurance Company 2011 Multiple Policy Report
Project Name/Number: SH MP RPT AR/

Filing at a Glance

Company: Shenandoah Life Insurance Company

Product Name: Shenandoah Life Insurance SERFF Tr Num: IASL-127981006 State: Arkansas

Company 2011 Multiple Policy Report

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num:
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: SH MP RPT AR State Status: Filed-Closed
Other

Filing Type: Form

Author: Lauren Perley

Date Submitted: 01/12/2012

Reviewer(s): Stephanie Fowler

Disposition Date: 01/24/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SH MP RPT AR

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/24/2012

State Status Changed: 01/24/2012

Created By: Lauren Perley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lauren Perley

Filing Description:

In accordance with your state's Medicare Supplement regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2011 Multiple Policy Report due March 1, 2012.

Company and Contact

Filing Contact Information

Lauren Perley,

8545 126th Avenue North, Suite 200

Lauren.Perley@iasadmin.com

727-584-0007 [Phone]

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Largo, FL 33773-1502 727-584-5613 [FAX]

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

Shenandoah Life Insurance Company CoCode: 68845 State of Domicile: Virginia
 2301 Brambleton Avenue SW Group Code: Company Type: Life and Health
 Insurer
 Roanoke, VA 24025 Group Name: State ID Number:
 (540) 985-4400 ext. [Phone] FEIN Number: 54-0377280

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shenandoah Life Insurance Company	\$0.00	01/12/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/24/2012	01/24/2012

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Disposition

Disposition Date: 01/24/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Multiple Policy Report due March 1, 2012	Accepted for	Yes
		Informational Purposes	
Supporting Document	Third Party Authorization Letter	Accepted for	Yes
		Informational Purposes	

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Multiple Policy Report due March 1, 2012	Accepted for Informational Purposes	01/24/2012
Comments:			
Attachment:	AR RPT.pdf		

<i>SERFF Tracking Number:</i>	<i>IASL-127981006</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shenandoah Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SH MP RPT AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Shenandoah Life Insurance Company 2011 Multiple Policy Report</i>		
<i>Project Name/Number:</i>	<i>SH MP RPT AR/</i>		

		Item Status:	Status
			Date:
Satisfied - Item:	Third Party Authorization Letter	Accepted for Informational Purposes	01/24/2012

Comments:

Attachment:

2012 01 SH IAS Authorization.pdf

**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: NAIC #68845 / SHENANDOAH LIFE INSURANCE COMPANY

Address: c/o Insurance Administrative Solutions, L.L.C.

8545 126th Avenue North, Suite 200

Largo, Florida 33773-1502

Phone Number: 877-777-2443

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
NONE TO REPORT	



Signature

Lauren Perley, Compliance Analyst

Name and Title (please type)

January 12, 2012

Date



SHENANDOAH LIFE
INSURANCE COMPANY

In Receivership

*Jacqueline K. Cunningham, Deputy Receiver
Donald C. Beatty, Receivership Manager*

2301 Brambleton Avenue, S.W.
Roanoke, VA 24015
(540) 985-4400 Phone
(540) 985-4444 Fax

January 11, 2012

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, FL 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of Shenandoah Life Insurance Company rate filings and reports with the State Departments of Insurance.

Insurance Administrative Solutions, L.L.C. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Donald C. Beatty
Receivership Manager